



California Department of State Hospitals - Napa

Music Therapy Internship Supplemental Application

Applicant Information

Name: _____ Date: _____

Date Available to Start Internship: _____

Educational Information

College/University: _____

Dates Attended (Month/Year): From _____ to _____

Major: _____ Minor: _____

Primary Instrument: _____ Current Over-all GPA: _____

Degree Earned/Sought: _____

Anticipated Graduation Date: _____

Music Therapy Advisor:

(Full Name/Title)

(Phone/E-mail)

Name of Music Therapy Program Director:

(Full Name/Title)

(Phone/E-mail)



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Professional, School and Community Involvement:

Please list any organizations you are currently or recently involved in:

Music Therapy Practicum Experience

Client Population:

Facility Name/ Location:

Dates (Month/Year) From: _____ **to** _____ **Hours per week:** _____ **Total Hours:** _____

Briefly Describe:

Practicum Supervisor: _____ **Phone/Email:** _____

Client Population:

Facility Name/ Location:

Dates (Month/Year) From: _____ **to** _____ **Hours per week:** _____ **Total Hours:** _____



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Briefly Describe:

Practicum Supervisor: _____ **Phone/Email:** _____

Client Population:

Facility Name/ Location:

Dates (Month/Year) From: _____ **to** _____ **Hours per week:** _____ **Total Hours:** _____

Briefly Describe:

Practicum Supervisor: _____ **Phone/Email:** _____



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Personal Profile

Please provide concise answers as honestly as possible to the following questions:

(Typed on a separate sheet of paper.)

- 1) Why did you choose to enter the field of Music Therapy?**
- 2) For what reasons did you select DSH-Napa as a music therapy clinical training site?**
- 3) Please describe three things you learned from your field experience. In what areas did you see personal growth? Professional growth? How did you address and include cultural diversity in your sessions?**
- 4) What are your areas of strength and weakness when working with this specific population?**
- 5) What do you most hope to gain from your internship experience?**
- 6) List three treatment goals that might be addressed in music therapy with a forensic/mental health population. Describe one possible music therapy intervention for each goal.**
- 7) List any other special skills, personal traits, interests, and accomplishments that you bring to this position. What do you have to offer that makes you unique?**

Application Checklist

To Apply: Please complete the following items.

- 1) Standard State Application
- 2) Supplemental Application
- 3) Official Transcripts – certified from any college or university you are presently attending or have attended (must have original seal of registrar).
- 4) Please submit three (3) letters of recommendation. One (1) must be from your music therapy advisor and one (1) from a clinical music therapy supervisor. These letters must include an assessment of your interpersonal skills, music skills, and knowledge of music therapy practice and procedure. The third letter can be at your discretion (though no relatives please), perhaps a music professor familiar with your musical skills, or a professor who can attest to why you would be a good candidate for our internship program.



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- 5) Signed and dated verification of eligibility for internship from your academic supervisor.
- 6) An evaluation of competency form completed by your academic supervisor.
- 7) Current resumé or CV
- 8) Audition - Please video yourself and include a link to the videos in a document. Submit this document with your application. Demonstration of musical skills through the following:
 1. Play your choice of 3 different major keys with a I-vi-IV-V-I chord progression on keyboard and guitar using different musical styles. Improvise vocally over one on each instrument.
 2. Play your choice of 2 different minor keys with the same chord progression on keyboard and guitar. Improvise vocally over one on each instrument.
 3. Sing two songs with self-accompaniment on either keyboard or guitar.

AGREEMENT (please sign below)

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I understand that any false information or omissions may be grounds for rejection of my application or dismissal if I am accepted for the internship program.

I authorize previous employers, education institutions, professional certification boards and others to provide any information, including otherwise confidential or privileged information, requested by DSH-Napa in its evaluation and verification of this application and of my credentials and qualifications for this internship.

Signature: _____ Date: _____

Additional notes:

The facility requires that you complete a security clearance to work here, and have a certificate of a TB test. You will be fingerprinted for the security check, which you will need to pass to be selected. The TB test can be done onsite, or you can provide evidence of having this test within the past year.